

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-562153	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	8		1			
6	8		1			
7	8		1			
8	8		1			
9	8		1			
10	8		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	8		1			
17	8		1			
18	1		1			
19	8		1			
20	8		1			
21	8		1			
22	8		1			
23	8		1			
24	8		1			
25	8		1			
26	8		1			
27	8		1			
28	1		1			
29	1		1			
30	8		1			
31	8		1			
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	5	9	5		5
TOTAL DEP.	24	24	23	23		23
TOTAL CLAIMS	33	32	32	32		32

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						